

Recipient Committee  
Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in Ink.

COVER PAGE

Date Stamp NOV 10 2000 CITY CLERK CITY OF LODI	<b>CALIFORNIA FORM 460</b>
Page <u>1</u> of <u>12</u>	For Official Use Only

Statement covers period  
from OCTOBER 22, 2000  
through DECEMBER 31, 2000

Date of election if applicable:  
(Month, Day, Year)  
NOVEMBER 7, 2000

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 7.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate<br>Controlled Committee<br>(Also Complete Part 4.) | <input type="checkbox"/> Primarily Formed Candidate/<br>Officeholder Committee<br>(Also Complete Part 6.) |
| <input type="checkbox"/> Ballot Measure Committee  | <input type="checkbox"/> General Purpose Committee  |
| <input type="radio"/> Primarily Formed   | <input type="radio"/> Sponsored   |
| <input type="radio"/> Controlled   | <input type="radio"/> Broad Based   |
| <input type="radio"/> Sponsored<br>(Also Complete Part 5.)   |   |

2. Type of Statement:

- |   |   |
|---|---|
| <input type="checkbox"/> Pre-election Statement           | <input type="checkbox"/> Quarterly Statement                                      |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report                                  |
| <input type="checkbox"/> Termination Statement            | <input type="checkbox"/> Supplemental Pre-election<br>Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)        |   |

3. Committee Information

I.D. NUMBER  
942177

COMMITTEE NAME

COMMITTEE TO ELECT KEITH LAND

STREET ADDRESS (NO P.O. BOX)

2584 FRONTIER LANE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LODI	CA	95242	(209)368-6708

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

POST OFFICE BOX 1446

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LODI	CA	95241	(209)368-6708

OPTIONAL: FAX/E-MAIL ADDRESS

LAND@LODINET.COM

Treasurer(s)

NAME OF TREASURER

DAVID L DUNCAN, CPA

MAILING ADDRESS

1820 WEST KETTLEMAN LANE, SUITE A

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LODI	CA	95242	(209)339-0100

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 12

**4. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

KEITH LAND

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

LODI CITY COUNCIL

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

2584 FRONTIER LANE LODI CA 95242

**Related Committees Not Included in this Statement:** *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**5. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

**6. Primarily Formed Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

**7. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on JANUARY 22, 2001  
DATE

Executed on JANUARY 22, 2001  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By   
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By   
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>OCTOBER 22, 2000</u>  through <u>DECEMBER 31, 2000</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>12</u>	I.D. NUMBER <u>942177</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT KEITH LAND

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions .....	Schedule A, Line 3	\$ 7,004.00	\$ 14,180.77	\$ 21,184.77
2. Loans Received .....	Schedule B, Line 7	0	0	0
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ 7,004.00	\$ 14,180.77	\$ 21,184.77
4. Nonmonetary Contributions .....	Schedule C, Line 3	500.00	1,000.00	1,500.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ 7,504.00	\$ 15,180.77	\$ 22,684.77

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$ 11,929.08	\$ 8,245.44	\$ 20,174.52
7. Loans Made .....	Schedule H, Line 7	0	0	0
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ 11,929.08	\$ 8,245.44	\$ 20,174.52
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	(3,360.90)	3,360.90	0
10. Nonmonetary Adjustment .....	Schedule C, Line 3	500.00	1,000.00	1,500.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ 9,068.18	\$ 12,606.34	\$ 21,674.52

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ 5,935.33
13. Cash Receipts .....	Column A, Line 3 above	7,004.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	0
15. Cash Payments .....	Column A, Line 8 above	11,929.08
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,010.25

If this is a termination statement, Line 16 must be zero.

\* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

## Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received .....	\$ 500.00	22,184.77
21. Expenditures Made .....	\$ 22.00	21,652.52

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 1, Column (b)	\$ 0
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See Instructions on reverse	\$ 0
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column C above	\$ 0

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>OCTOBER 22, 2000</u> through <u>DECEMBER 31, 2000</u>	<b>CALIFORNIA FORM 460</b> Page <u>4</u> of <u>12</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT KEITH LAND

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10-30-00	DIEGO & CYNTHIA OLAGARAY 19365 WINDWOOD DRIVE WOODBIDGE, CALIFORNIA 95258	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RANCHER	200.00	200.00	
10-30-00	LANGETWINS PARTNERSHIP 1298 WEST JAHANT ROAD ACAMPO, CALIFORNIA 95220	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		500.00	600.00	
10-30-00	LIMA RANCH 13436 NORTH THORNTON ROAD LODI, CALIFORNIA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		500.00	500.00	
10-30-00	MICHAEL & KRISTY PHILLIPS 2210 WEST WOODBRIDGE ROAD LODI, CALIFORNIA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RANCHER	250.00	250.00	
10-30-00	STANTON L LANGE VINEYARD MANAGEMENT 20630 NORTH DEVRIES ROAD LODI, CALIFORNIA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RANCHER	300.00	300.00	

SUBTOTAL \$ 1,750.00

## Schedule A Summary

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$1,750.00 + \$1,850.00 + \$1,200.00 ..... \$ 4,800.00
- Amount received this period – unitemized contributions of less than \$100 ..... \$ 2,204.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 7,004.00

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
OTH – Other

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in Ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>OCTOBER 22, 2000</u> through <u>DECEMBER 31, 2000</u>	<b>CALIFORNIA FORM 460</b>
Page <u>5</u> of <u>12</u>	I.D. NUMBER <u>942177</u>

NAME OF FILER

COMMITTEE TO ELECT KEITH LAND

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10-30-00	VINO FARMS INC 1377 EAST LODI AVENUE LODI, CALIFORNIA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		500.00	500.00	
10-31-00	CRAIG JONES 9376 CASTLE VIEW DRIVE ELK GROVE, CALIFORNIA 95758	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RISK MANAGER	250.00	250.00	
10-31-00	GERALDINE SCHAFER 207 RIVER OAKS DRIVE LODI, CALIFORNIA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RETIRED	100.00	100.00	
11-02-00	FRED & CAMY BAKER 317 WEST LODI AVENUE LODI, CALIFORNIA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	ATTORNEY	250.00	250.00	
11-02-00	JOE & SHERRY COTTA 9414 KOST ROAD GALT, CALIFORNIA 95632	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RANCHER	500.00	500.00	
11-06-00	ALLSTATE INSURANCE COMPANY 2775 SANDERS ROAD NORTHBROOK, IL 60062-6127	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		250.00	250.00	
SUBTOTAL \$ 1,850.00						

**\*Contributor Codes**

IND - Individual  
 COM - Recipient Committee  
 OTH - Other

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
 from OCTOBER 22, 2000  
 through DECEMBER 31, 2000

**CALIFORNIA FORM 460**

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NAME OF FILER

COMMITTEE TO ELECT KEITH LAND

I.D. NUMBER

942177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
11-06-00	DELMAR & DORIS BATCH 11174 NORTH DAVIS ROAD LODI, CALIFORNIA 95242-9543	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RANCHER	250.00	250.00	
11-10-00	BORRA VINEYARDS 1301 EAST ARMSTRONG ROAD ACAMPO, CALIFORNIA 95220	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		200.00	200.00	
11-10-00	PETERSEN VINEYARDS 25030 BRUELLA ROAD ACAMPO, CALIFORNIA 95220	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		150.00	150.00	
11-24-00	PHILIP ABELDT DDS POST OFFICE BOX 635 LODI, CALIFORNIA 95241-0635	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		100.00	100.00	
12-12-00	A T & T POST OFFICE BOX 598145 ORLANDO, CA 32859-8145	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		500.00	500.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				

**SUBTOTAL \$ 1,200.00**

**\*Contributor Codes**

IND - Individual  
 COM - Recipient Committee  
 OTH - Other

**Schedule C**  
**Nonmonetary Contributions Received**

to whole dollars.

Statement covers period from <u>OCTOBER 22, 2000</u> through <u>DECEMBER 31, 2000</u>		<b>SCHEDULE C</b> <b>CALIFORNIA FORM 460</b>
		Page <u>7</u> of <u>12</u>
NAME OF FILER  COMMITTEE TO ELECT KEITH LAND		I.D. NUMBER  942177

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
12-31-00	SWINNEY KEIHN & DUNCAN, CPA'S 1820 WEST KETTLEMAN LANE, STE A LODI, CALIFORNIA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	CERTIFIED PUBLIC ACCOUNTANTS	CLERICAL SERVICES	500.00	1,500.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 500.00**

**Schedule C Summary**

- Amount received this period – nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.) ..... \$ 500.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ 0
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL \$** 500.00

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
OTH – Other

**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>OCTOBER 22, 2000</u> through <u>DECEMBER 31, 2000</u>	<b>SCHEDULE E CALIFORNIA FORM 460</b> Page <u>8</u> of <u>12</u> I.D. NUMBER <u>942177</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT KEITH LAND

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LIT campaign literature and mailings  
MTG meetings and appearances

OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads  
RAD radio airtime and production costs

RFD returned contributions  
SAL campaign workers salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging and meals (explain)  
TRS staff/spouse travel, lodging and meals (explain)  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
LODI NEWS-SENTINEL 125 NORTH CHURCH STREET LODI, CALIFORNIA 95240	PRT			6,160.97
U.S. POSTMASTER 120 SOUTH HAM LANE LODI, CALIFORNIA 95241	POS			1,059.00
DEEM & DEEM MARKETING COMMUNICATIONS POST OFFICE BOX 199 CLEMENTS, CALIFORNIA 95227			PRINTING	355.90
SUBTOTAL \$				



**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>OCTOBER 22, 2000</u> through <u>DECEMBER 31, 2000</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT KEITH LAND

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND Independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CALIFORNIA VOTER GUIDE 1658 WEST CARSON STREET, SUITE 454 Torrance, California 90501	LIT		650.00
CITIZENS FOR REPRESENTATIVE GOVT 9000 SUNSET BOULEVARD, SUITE 707 LOS ANGELES, CALIFORNIA 90069	LIT		704.00
VOTER INFORMATION GUIDE 13701 RIVERSIDE DRIVE, SUITE 604 SHERMAN OAKS, CALIFORNIA 91423	LIT		400.00
TRAVIS CATERING COMPANY 904 WEST LODI AVENUE LODI, CALIFORNIA 95240	FND		475.00
THE STOCKTON RECORD 530 EAST MARKET STREET STOCKTON, CALIFORNIA 95202	PRT		138.36

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$2,367.36**

**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>OCTOBER 22, 2000</u> through <u>DECEMBER 31, 2000</u>	<b>CALIFORNIA FORM 460</b>
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	I.D. NUMBER <u>942177</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT KEITH LAND

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND Independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (Internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
DEMOCRATIC VOTERS CHOICE 555 SOUTH FLOWER, SUITE 4510 LOS ANGELES, CALIFORNIA 90071	LT		350.00
PEIRANO ESTATE ROOM 21831 NORTH HWY 99 ACAMPO, CALIFORNIA 95220	FND		138.99
VALLEY OUTDOOR AD 709 WEST KETTLEMAN LANE, SUITE A LODI, CALIFORNIA 95240		OUTDOOR BILLBOARDS	1,251.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 1,739.99**

**Schedule F**  
**Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period from <u>OCTOBER 22, 2000</u> through <u>DECEMBER 31, 2000</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT KEITH LAND

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LIT campaign literature and mailings  
MTG meetings and appearances

OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads  
RAD radio airtime and production costs

RFD returned contributions  
SAL campaign workers salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging and meals (explain)  
TRS staff/spouse travel, lodging and meals (explain)  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
VALLEY OUTDOOR AD 709 WEST KETTLEMAN LANE LODI, CALIFORNIA 95240	OUTDOOR BILLBOARDS	1,251.00	0	1,251.00	0
CALIFORNIA VOTER GUIDE 1658 WEST CARSON STREET, SUITE 454 Torrance, CALIFORNIA 90501	LIT	650.00		650.00	
CITIZENS FOR REPRESENTATIVE GOVT 9000 SUNSET BOULEVARD, SUITE 707 LOS ANGELES, CALIFORNIA 90069	LIT	704.00	0	704.00	0
SUBTOTALS \$		2,605.00	\$ 0	\$ 2,605.00	\$ 0

**Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) INCURRED TOTALS \$ 0
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) \$2605.00 + \$755.90 PAID TOTALS \$ 3,360.90
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) NET \$ (3,360.90)  
May be a negative number

**Schedule F**  
**(Continuation Sheet)**  
**Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE F (CONT.)

Statement covers period from <u>OCTOBER 22, 2000</u>  through <u>DECEMBER 31, 2000</u>		<b>CALIFORNIA</b> <b>FORM</b>	<b>460</b>
		Page <u>12</u> of <u>12</u>	
NAME OF FILER  COMMITTEE TO ELECT KEITH LAND		I.D. NUMBER  942177	

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FND fundraising events IND independent expenditure supporting/opposing others (explain)* LIT campaign literature and mailings MTG meetings and appearances	OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads RAD radio airtime and production costs	RFD returned contributions SAL campaign workers salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging and meals (explain) TRS staff/spouse travel, lodging and meals (explain) TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)
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\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
VOTER INFORMATION GUIDE 13701 RIVERSIDE DRIVE, SUITE 604 SHERMAN OAKS, CALIFORNIA 91423	LIT	400.00	0	400.00	0
DEEM & DEEM MARKETING COMMUNICATIONS POST OFFICE BOX 199 CLEMENTS, CALIFORNIA 95227	PRINTING	355.90	0	355.90	0
<b>SUBTOTALS \$</b>		<b>755.90</b>	<b>\$ 0</b>	<b>\$ 755.90</b>	<b>\$ 0</b>